

Sheet 1 of 2

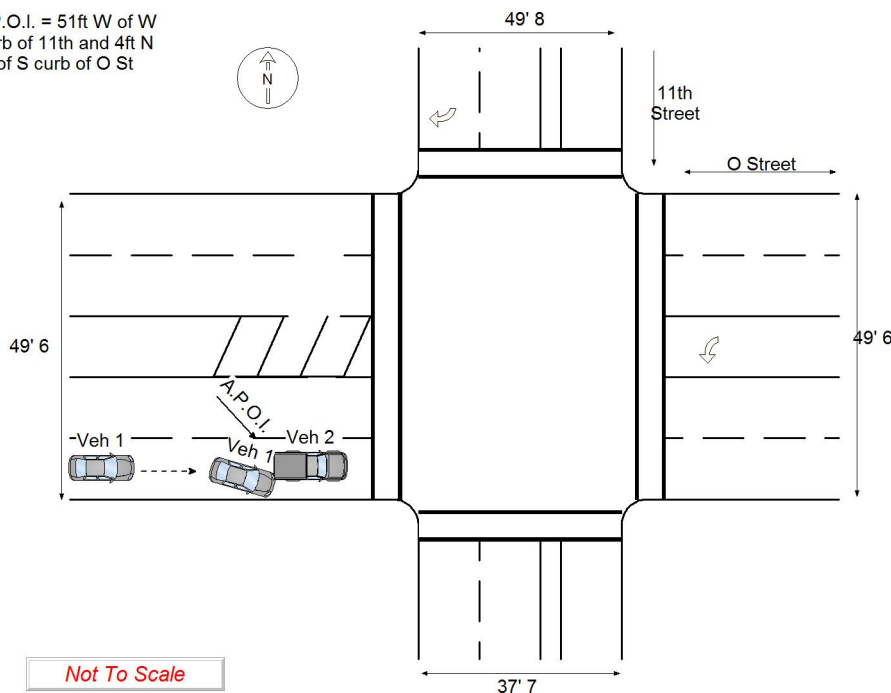
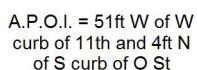
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

INDICATE BY DIAGRAM WHAT HAPPENED

B6-009719



Indicate
North
by Arrow



V2 was facing EB on O St between 10th and 11th and was stopped at the traffic control signal at 11th and O St. V1 was travelling EB behind V2. D1 stated he was travelling approximately 30 - 35mph when he applied his brakes, but was unable to stop as he was sliding on ice. D1 attempted to turn his vehicle to avoid a collision but was unable to do so in time.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																								
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																								
WITNESSES	NAME								ADDRESS								PHONE																																								
	NAME								ADDRESS								PHONE																																								
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1										RESTRAINT USE VEHICLE 1										TOTAL OCCUPANTS										VEH 1		2		VEH 2		2	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1					VEHICLE 2					VEHICLE 1					VEHICLE 2					VEHICLE 1					VEHICLE 2					Driver No. 1		Driver No. 2		Pedestrian													
1				X		O St / 10th - 11'				POINT OF IMPACT		08			POINT OF IMPACT		04			-		2			-			Y		Y		Y																									
2					X	O St / 10th - 1'				POINT OF IMPACT		08			POINT OF IMPACT		04			-		2			-			N		X		N																									
1		01			06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA		08			MOST DAMAGED AREA		04			1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		Driver No. 1		Driver No. 2																														
2		11							00 None		02			03			04				1				1																																
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right					09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other										VEHICLE 2					VEHICLE 2					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																
															VEHICLE 2					VEHICLE 2																																					
OFFICER NO. 1610										TROOP/ TEAM/ BEAT 7										DEPARTMENT Lincoln Police Department										DATE OF REPORT 02/03/2016																											
INVESTIGATOR NAME (Print or Type) Trevor Schmidt										INVESTIGATOR SIGNATURE Approved by Officer Trevor Schmidt																																															